



**NOMBRE DEL ALUMNO: MARIA DHALAI  
CRUZ TORRES**

**TRABAJO: WORKBOOK**

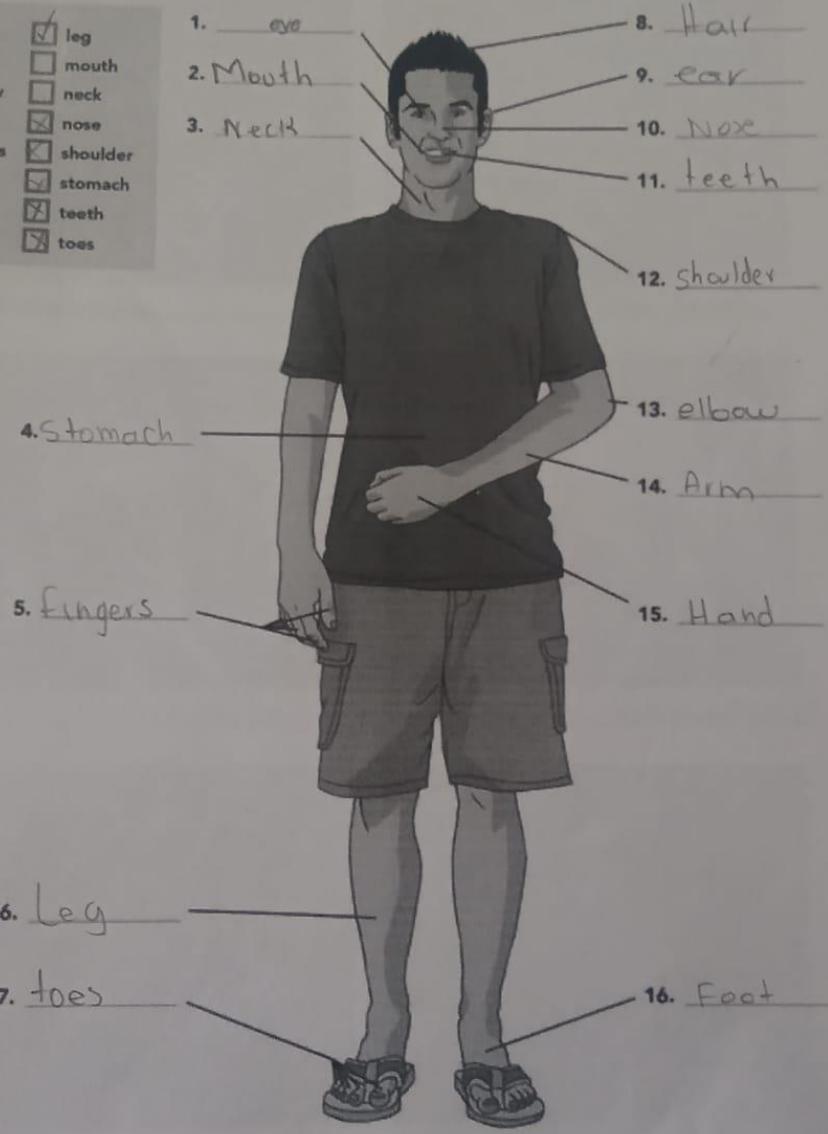
**MATERIA: INGLES 3**

**MAESTRA: JEZABEL IVONNE SILVESTRE**

WORKBOOK

**1** Label the parts of the body. Use the words in the box.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> arm     | <input checked="" type="checkbox"/> leg      |
| <input checked="" type="checkbox"/> ear     | <input type="checkbox"/> mouth               |
| <input checked="" type="checkbox"/> elbow   | <input type="checkbox"/> neck                |
| <input checked="" type="checkbox"/> eye     | <input checked="" type="checkbox"/> nose     |
| <input checked="" type="checkbox"/> fingers | <input checked="" type="checkbox"/> shoulder |
| <input checked="" type="checkbox"/> foot    | <input checked="" type="checkbox"/> stomach  |
| <input checked="" type="checkbox"/> hair    | <input checked="" type="checkbox"/> teeth    |
| <input checked="" type="checkbox"/> hand    | <input checked="" type="checkbox"/> toes     |



2 What's wrong with these people? Write sentences.



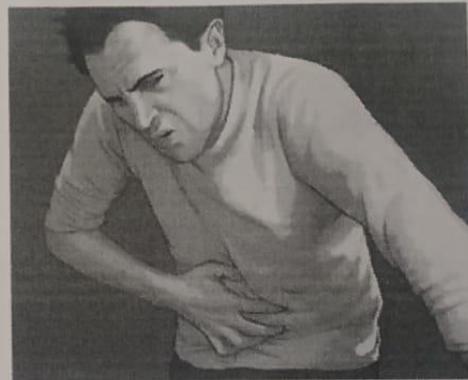
1. He has a toothache.



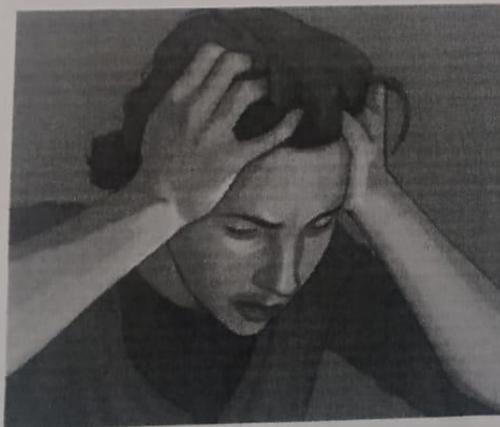
2. She has a sore throat.



3. He has an earache.



4. He has a stomachache.



5. She has a headache.



6. She has a backache.

**3** Complete the conversations. Use the questions and sentences in the box.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Great. See you later.            | <input checked="" type="checkbox"/> OK. Get some rest.                                     |
| <input checked="" type="checkbox"/> How do you feel today?           | <input checked="" type="checkbox"/> So, are you going to go to the meeting this afternoon? |
| <input checked="" type="checkbox"/> I'm fine, thanks. How about you? | <input checked="" type="checkbox"/> That's too bad. Are you going to see a doctor?         |
| <input checked="" type="checkbox"/> I'm glad to hear that.           | <input checked="" type="checkbox"/> What's wrong?  |

**Tuesday morning**

1. **Jake:** Hi, Camila. How are you?

**Camila:** I'm fine, thanks. How about you?

**Jake:** Not so good. Actually, I feel really awful.

**Camila:** What's wrong?

**Jake:** I think I have the flu.

**Camila:** That's too bad. Are you going to see a doctor?

**Jake:** No, I'm going to go home now.

**Camila:** OK. Get some rest.

**Jake:** OK. Thanks.

**Thursday morning**

2. **Camila:** How do you feel today?  
today?

**Jake:** I feel much better.

**Camila:** I'm glad to hear that

**Jake:** Thanks.

**Camila:** So, are you going to go to the meeting this afternoon?

**Jake:** Yes, I am.

**Camila:** Great, see you later.



**4** Complete the sentences with the correct medications.

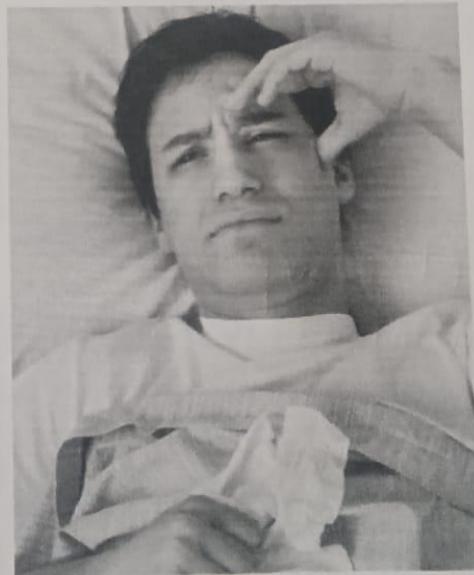
1. His nose is very congested. He needs some nasal spray.
2. I have a horrible cold, so I'm going to buy some cold pills.
3. Your eyes look red and tired. Get some eye drops.
4. Alan has a stomachache, so he's going to get some antacid.
5. I have a terrible headache. I need some aspirin.
6. Mandy's cough sounds awful. I'm going to give her some cough syrup.



**5** Write each sentence a different way. Use the sentences in the box.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> My head feels terrible. | <input checked="" type="checkbox"/> I'm not happy.          |
| <input checked="" type="checkbox"/> I have a stomachache.   | <input checked="" type="checkbox"/> I'm sorry to hear that. |
| <input checked="" type="checkbox"/> What's wrong?           | <input checked="" type="checkbox"/> I'm very tired.         |
| <input checked="" type="checkbox"/> I'm glad to hear that.  | <input checked="" type="checkbox"/> I have a sore throat.   |

1. I feel sad.  
I'm not happy.
2. What's the matter?  
What's wrong
3. I'm exhausted.  
I'm very tired
4. That's too bad.  
I'm sorry to hear that
5. That's good.  
I'm glad to hear that
6. I have a headache.  
My head feels terrible
7. My stomach hurts.  
I have a stomachache
8. My throat is sore.  
I have a sore throat



**6** Give these people advice. Use the phrases in the box.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> drink some water | <input checked="" type="checkbox"/> have a hot drink |
| <input checked="" type="checkbox"/> go home early    | <input type="checkbox"/> lift heavy things           |
| <input checked="" type="checkbox"/> go outside       | <input checked="" type="checkbox"/> stay up late     |
| <input type="checkbox"/> go to the grocery store     | <input checked="" type="checkbox"/> work too hard    |



1. Don't go outside.



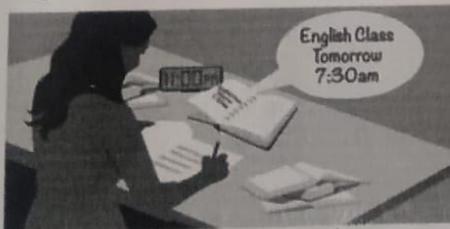
2. Go home early.



3. drink some water



4. Go to the grocery store



5. Don't stay up late



6. have a hot drink.



7. Don't lift heavy things



8. Don't work too hard.

**7 Write two pieces of advice for each problem.**

1. I have a sore throat.
2. I have a toothache.
3. I have a cough.
4. I have a cold.
5. I have a stomachache.
6. I have a headache.
7. I have the flu.
8. I have a fever.

Don't go to work today. Drink some chamomile tea.  
 Don't eat cold food. See a dentist  
 Don't drink cold drinks and eat chicken soup  
 Take a cold medicine and use a coat  
 Take an antacid. Don't eat spicy food  
 Take an aspirin. Don't sleep late  
 Eat chicken soup and drink hot tea.  
 Take an aspirin and use an ice pack

**8 Health survey**

A How healthy and happy are you?  
Complete the survey.

How often do you . . . ?

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B Write four sentences about your health. Use the information from the survey in part A.

Examples:

I sometimes stay up late, but I hardly ever feel sleepy.

I hardly ever get a cold or the flu.

1. I sometimes get a headache.
2. I hardly ever get a stomachache
3. I Never get an earache
4. I hardly ever get a fever.